

# **PATENT APPLICATION FEE DETERMINATION RECORD** Effective October 1, 2001

Application or Docket Number

10/007 274

## **CLAIMS AS FILED - PART I**

|   | (Column 1)   | (Column 2)   |
|---|--------------|--------------|
| TOTAL CLAIMS  |              |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | minus 20=    | *            |
| INDEPENDENT CLAIMS  | minus 3 =    | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE ☐

OR OTHER THAN  
SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 370.00 | OR | BASIC FEE | 790.00 |
| X\$ 9=    |        | OR | X\$18=    |        |
| X42=      |        | OR | X84=      |        |
| +140=     |        | OR | +280=     |        |
| TOTAL     |        | OR | TOTAL     | 770.00 |

## **CLAIMS AS AMENDED - PART II**

AMENDMENT A

|   | (Column 1)                                |       | (Column 2)                                  | (Column 3)       |
|---|---|-------|---|------------------|
|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
| Total   | * 5                                       | Minus | ** 20                                       | =                |
| Independent   | * 1                                       | Minus | *** 3                                       | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |                  |

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

| RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9=              |                        | OR | X\$18=              |                        |
| X42=                |                        | OR | X84=                |                        |
| +140=               |                        | OR | +280=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |

AMENDMENT B

|   | (Column 1)                                |       | (Column 2)                                  | (Column 3)       |
|---|---|-------|---|------------------|
|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
| Total   | * 5                                       | Minus | ** 20                                       | = -              |
| Independent   | * 1                                       | Minus | *** 3                                       | = -              |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |                  |

| RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9=              |                        | OR | X\$18=              |                        |
| X42=                |                        | OR | X84=                |                        |
| +140=               |                        | OR | +280=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |

AMENDMENT C

|   | (Column 1)                                |       | (Column 2)                                  | (Column 3)       |
|---|---|-------|---|------------------|
|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
| Total   | *   | Minus | **  | =                |
| Independent   | *   | Minus | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |                  |

| RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9=              |                        | OR | X\$18=              |                        |
| X42=                |                        | OR | X84=                |                        |
| +140=               |                        | OR | +280=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.